

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Middle District of Pennsylvania

Case number (*If known*): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>	<p>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).</p> <p>Bring your picture identification to your meeting with the trustee.</p> <p>Joseph First name P. Middle name Abbate Last name Suffix (Sr., Jr., II, III)</p>	<p>First name Middle name Last name Suffix (Sr., Jr., II, III)</p>
<b>2. All other names you have used in the last 8 years</b>	<p>Include your married or maiden names.</p> <p>Joseph First name P. Middle name Abbate, Sr. Last name  First name Middle name Last name</p>	<p>First name Middle name Last name  First name Middle name Last name</p>
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	<p>xxx - xx - <u>1</u> <u>0</u> <u>3</u> <u>8</u> OR 9 xx - xx - _____</p>	<p>xxx - xx - _____ OR 9 xx - xx - _____</p>

Debtor 1 **Joseph P. Abbate** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name

Business name

Business name

Business name

EIN - - - - -

**5. Where you live**

If Debtor 2 lives at a different address:

**110 Heather Circle**

Number Street

Number Street

**E. Stroudsburg PA 18301**

City State ZIP Code

City State ZIP Code

**Monroe**

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13
8. **How you will pay the fee**
- I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?**
- No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- No  
 Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY
11. **Do you rent your residence?**
- No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

- 12. Are you a sole proprietor of any full- or part-time business?**  No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No  
 Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_  
\_\_\_\_\_

Where is the property? \_\_\_\_\_  
Number Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No  
 Yes

**18. How many creditors do you estimate that you owe?**

1-49  
 50-99  
 100-199  
 200-999

1,000-5,000  
 5,001-10,000  
 10,001-25,000

25,001-50,000  
 50,001-100,000  
 More than 100,000

**19. How much do you estimate your assets to be worth?**

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

\$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**20. How much do you estimate your liabilities to be?**

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

\$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

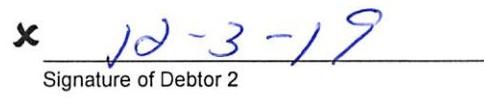
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

Executed on \_\_\_\_\_  
MM / DD / YYYY

  
Signature of Debtor 2

Executed on \_\_\_\_\_  
MM / DD / YYYY

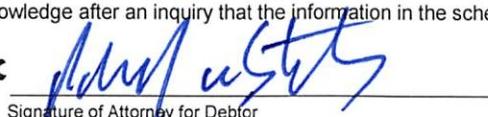
Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

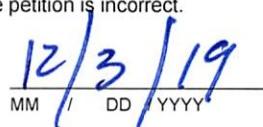
**For your attorney, if you are  
represented by one**

**If you are not represented  
by an attorney, you do not  
need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.



Date



12 / 3 / 19

Signature of Attorney for Debtor

MM / DD / YYYY

Philip W. Stock

Printed name

Law Office of Philip W. Stock

Firm name

706 Monroe Street

Number Street

Stroudsburg

City

PA

State

18360

ZIP Code

Contact phone (570) 420-0500

Email address pwstock@ptd.net

53203

Bar number

PA

State

Fill in this information to identify your case and this filing:

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number \_\_\_\_\_

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

1.1. 110 Heather Circle

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?  
\$ 268,784.00 \$ 268,784.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

E. Stroudsburg PA 18301  
City State ZIP Code

Monroe  
County

Who has an interest in the property? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

If you own or have more than one, list here:

1.2. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

City State ZIP Code

County

Who has an interest in the property? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

1.3. Street address, if available, or other description \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Check if this is community property (see instructions)**

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. .... →

\$ 268,784.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Chevy  
 Model: Equinox  
 Year: 2018  
 Approximate mileage: 22500

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ 22,000.00 \$ 22,000.00

Other information:  
 (surrender) \_\_\_\_\_

If you own or have more than one, describe here:

3.2. Make: Chevy  
 Model: P500  
 Year: 2005  
 Approximate mileage: 178000

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ 16,000.00 \$ 16,000.00

Other information:  
 \_\_\_\_\_

3.3. Make: Fleetwood  
 Model: Bounder  
 Year: 2000  
 Approximate mileage: 250000

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ 18,700.00 \$ 18,700.00

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
- Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** ..... →

\$ 56,700.00

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?  
 Do not deduct secured claims or exemptions.**

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe..... **Household Goods**

\$ **5,200.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe..... **TVs, DVDs, Computer**

\$ **1,200.00**

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe..... **Firearms**

\$ **1,500.00**

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... **Clothing**

\$ **500.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe..... **Misc. Jewelry**

\$ **500.00**

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information. ....

**Tools/Garden Equipment**

\$ **3,000.00**

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....** →

\$ **11,900.00**

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
**Do not deduct secured claims or exemptions.**

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: ..... \$ 500.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name:

17.1. Checking account:	<u>PNC Bank</u>	\$ <u>1,038.00</u>
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, Investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:	% of ownership:	
_____	<u>0%</u> %	\$ _____
_____	<u>0%</u> %	\$ _____
_____	<u>0%</u> %	\$ _____

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes .....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
Water: \_\_\_\_\_ \$ \_\_\_\_\_  
Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes .....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes .....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them....

_____	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

_____	\$ _____
-------	----------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

_____	\$ _____
-------	----------

**Money or property owed to you?**

**Current value of the portion you own?  
 Do not deduct secured claims or exemptions.**

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____	Federal: \$ _____
_____	State: \$ _____
_____	Local: \$ _____

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

_____	Alimony: \$ _____
_____	Maintenance: \$ _____
_____	Support: \$ _____
_____	Divorce settlement: \$ _____
_____	Property settlement: \$ _____

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

_____	\$ _____
-------	----------

**31. Interests in Insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. ....

_____	\$ _____
-------	----------

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim. ....

_____	\$ _____
-------	----------

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

_____	\$ _____
-------	----------

**35. Any financial assets you did not already list** No Yes. Give specific information. ....

_____	\$ _____
-------	----------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** ..... →

\$ 1,538.00
-------------

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

_____	\$ _____
-------	----------

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....

_____	\$ _____
-------	----------

Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

	\$ _____
--	----------

41. Inventory

No

Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

_____	% _____	\$ _____
_____	% _____	\$ _____
_____	% _____	\$ _____

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list

No

Yes. Give specific information .....

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ..... →

	\$ _____
--	----------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes .....

	\$ _____
--	----------

**48. Crops—either growing or harvested**

No  
 Yes. Give specific information. \_\_\_\_\_ \$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No  
 Yes ..... \$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

No  
 Yes ..... \$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

No  
 Yes. Give specific information. \_\_\_\_\_ \$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → \$ \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information. ....  
 Above ground pool \$ 1,000.00  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** → \$ 1,000.00

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2** → \$ 268,784.00

**56. Part 2: Total vehicles, line 5** \$ 56,700.00

**57. Part 3: Total personal and household items, line 15** \$ 11,900.00

**58. Part 4: Total financial assets, line 36** \$ 1,538.00

**59. Part 5: Total business-related property, line 45** \$ 0.00

**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0.00

**61. Part 7: Total other property not listed, line 54** + \$ 1,000.00

**62. Total personal property. Add lines 56 through 61.** ..... \$ 71,138.00 Copy personal property total → + \$ 71,138.00

**63. Total of all property on Schedule A/B. Add line 55 + line 62.** ..... \$ 339,922.00

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the:	District of _____	
Case number (If known)		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: <u>Household Goods</u>	\$ 5,200.00	<input checked="" type="checkbox"/> \$ 5,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(3)
Line from <i>Schedule A/B</i> : <u>6.</u>			
Brief description: <u>TVs, DVDs, Computer</u>	\$ 1,200.00	<input checked="" type="checkbox"/> \$ 1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(3)
Line from <i>Schedule A/B</i> : <u>7.</u>			
Brief description: <u>Firearms</u>	\$ 1,500.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(5)
Line from <i>Schedule A/B</i> : <u>10.</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description:	<u>Clothing</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(3)
Line from Schedule A/B:	<u>11.</u>			
Brief description:	<u>Misc. Jewelry</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(4)
Line from Schedule A/B:	<u>12.</u>			
Brief description:	<u>Tools/Garden Equip.</u>	\$ <u>3,000.00</u>	<input checked="" type="checkbox"/> \$ <u>3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(3)
Line from Schedule A/B:	<u>14.</u>			
Brief description:	<u>Cash</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(5)
Line from Schedule A/B:	<u>16.</u>			
Brief description:	<u>Checking Account</u>	\$ <u>1,038.00</u>	<input checked="" type="checkbox"/> \$ <u>1,038.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(5)
Line from Schedule A/B:	<u>17.</u>			
Brief description:	<u>Above Ground Pool</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § (d)(5)
Line from Schedule A/B:	<u>53.</u>			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	_____			

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Pennsylvania			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Crescent Bank	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; width: 100%;">2018 Chevy Equinox (surrender)</div>	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion of any
	\$ 23,500.00	\$ 22,000.00	\$ 1,500.00		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____ Last 4 digits of account number 0 0 0 1					
Nature of lien. Check all that apply.					
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
2.2 Lendmark Financial					
Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; width: 100%;">2005 Chevy P500 Truck &amp; 2000 Fleetwood</div>					
			\$ 44,044.00	\$ 34,700.00	\$ 9,344.00
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____ Last 4 digits of account number 1 0 2 4					
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 67,544.00					

First Name Middle Name Last Name

**Additional Page**

**Part 1:** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

**2.3** Mr. Cooper \_\_\_\_\_ Describe the property that secures the claim: \$ 536,503.00 \$ 268,784.00 \$ 267,719.00

Creditor's Name  
PO Box 60516  
Number Street

110 Heather Circle, E. Stroudsburg, PA  
18301

City of Industry CA 91716  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/05/2000

Last 4 digits of account number 1 2 4 9

**2.4** Woodlands-Cranberry Comm. \_\_\_\_\_ Describe the property that secures the claim: \$ 280.00 \$ 268,784.00 \$ 0.00

Creditor's Name  
c/o NEPA Management Assoc.  
Number Street

110 Heather Circle, E. Stroudsburg, PA 18301

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 01/01/2019

Last 4 digits of account number 1 0 1 9

\_\_\_\_\_ Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

\_\_\_\_\_

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 536,783.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$ 631,327.00

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

4.1 Martha Von Rosenstiel, P.C.

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.3

Martha Von Rosenstiel, Esquire

Last 4 digits of account number 1 2 4 9

Number Street \_\_\_\_\_

649 South Ave. Ste. 7

Secane PA 19018

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

\_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

\_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

\_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

\_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number Street \_\_\_\_\_

\_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	Jospeh P. Abbate	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: Middle District of Pennsylvania		
Case number (if known)		

Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

2.2

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1 Capital One Bank USA N.A.

Nonpriority Creditor's Name

PO Box 71083

Number Street

Charlotte

NC

28272

City

State

ZIP Code

Last 4 digits of account number 8 0 9 7\$ 673.00When was the debt incurred? 12/27/2014

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Collection Account

4.2 County Waste of PA

Nonpriority Creditor's Name

PO Box 8010

Number Street

Clifton Park

NY

12065

City

State

ZIP Code

Last 4 digits of account number 5 1 4 1\$ 320.00When was the debt incurred? 06/13/2019

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Collection Account

4.3 First Premier Bank

Nonpriority Creditor's Name

601 S. Minnesota Ave.

Number Street

Sioux Falls

SD

57104

City

State

ZIP Code

Last 4 digits of account number 4 1 5 7\$ 1,003.00When was the debt incurred? 11/12/2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Collection Account

Debtor 1 **Jospeh P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \_\_\_\_\_

4.4	<p><b>Highmark</b> Nonpriority Creditor's Name <b>PO Box 535049</b> Number Street <b>Pittsburgh PA 15253</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8 1 5 6</b> \$ <b>35.00</b></p> <p>When was the debt incurred? <b>05/08/2018</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Insurance Premium</b></p>
4.5	<p><b>Lehigh Valley Health Network</b> Nonpriority Creditor's Name <b>PO Box 781733</b> Number Street <b>Philadelphia PA 19178</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8 9 0 7</b> \$ <b>55.00</b></p> <p>When was the debt incurred? <b>09/26/2019</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>
4.6	<p><b>Northeast Eye Specialists</b> Nonpriority Creditor's Name <b>1060 North Church Street</b> Number Street <b>Hazleton PA 18202</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5 6 2 3</b> \$ <b>251.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Collection</b></p>

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \_\_\_\_\_

4.7	<p><b>Paypal, Inc. Convergent Outsourcing</b> Nonpriority Creditor's Name <b>PO Box 9004</b> Number Street <b>Renton</b> WA <b>98057</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6 6 2 0</b> \$ <b>300.00</b></p> <p>When was the debt incurred? <b>12/30/2016</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b></p>
4.8	<p><b>Professional Anesthesia</b> Nonpriority Creditor's Name <b>PO Box 1587</b> Number Street <b>Kingston</b> PA <b>18704</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3 5 5 2</b> \$ <b>52.00</b></p> <p>When was the debt incurred? <b>05/04/2016</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>
4.9	<p><b>Progressive Physician Associates</b> Nonpriority Creditor's Name <b>PO Box 678398</b> Number Street <b>Dallas</b> TX <b>75267</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7 7 0 1</b> \$ <b>79.00</b></p> <p>When was the debt incurred? <b>03/04/2019</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>

Debtor 1 Joseph P. Abbate

First Name Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.10	Sprint Nonpriority Creditor's Name <b>PO Box 629023</b> Number Street <b>El Dorado Hills</b> CA <b>95762</b> City State ZIP Code	Last 4 digits of account number <b>9 9 7 3</b> When was the debt incurred? <b>09/03/2019</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Account</u>
.11	SLUHN Nonpriority Creditor's Name <b>PO Box 788187</b> Number Street <b>Philadelphia</b> PA <b>19178</b> City State ZIP Code	Last 4 digits of account number <b>3 1 2 4</b> When was the debt incurred? <b>03/27/2019</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
.12	SLUHN Emerg. Physicians Monroe Nonpriority Creditor's Name <b>100 St. Luke's Ln.</b> Number Street <b>Stroudsburg</b> PA <b>18360</b> City State ZIP Code	Last 4 digits of account number <b>0 1 4 9</b> When was the debt incurred? <b>08/20/2018</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Account</u>

Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \_\_\_\_\_

.13	<p><b>St. Luke's Emerg. Physician Spec.</b> Nonpriority Creditor's Name <b>PO Box 5386</b> Number Street <b>Bethlehem PA 18015</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 6 0 0</u> \$ <u>30.00</u></p> <p>When was the debt incurred? <u>02/05/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>
.14	<p><b>St. Luke's Monroe Campus</b> Nonpriority Creditor's Name <b>100 St. Luke's Ln.</b> Number Street <b>Stroudsburg PA 18360</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 1 4 9</u> \$ <u>279.00</u></p> <p>When was the debt incurred? <u>08/20/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Account</u></p>
.15	<p><b>Wilkes-Barre General Hospital</b> Nonpriority Creditor's Name <b>PO Box 637907</b> Number Street <b>Cincinnati OH 45263</b> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 4 6 9</u> \$ <u>103.00</u></p> <p>When was the debt incurred? <u>07/02/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>

Debtor 1

Joseph P. Abbate

First Name Middle Name

Last Name

Case number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.16

**Capital One**

Nonpriority Creditor's Name

1680 Capital One Drive

Number Street

McLean

VA

22102

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 350.00

When was the debt incurred? 01/01/2019

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Account

.17

**PNC Bank**

Nonpriority Creditor's Name

300 Fifth Ave. The Tower at PNC Plaza

Number Street

Pittsburgh

PA

15222

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 400.00

When was the debt incurred? 01/01/2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Account

.18

**Thomas R. Wilkins Equity Trust**

Nonpriority Creditor's Name

7164 Route 209

Number Street

Stroudsburg

PA

18360

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 5,000.00

When was the debt incurred? 01/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Loan

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Americollect**  
Name \_\_\_\_\_

PO Box 1690  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Manitowoc WI 54221  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 7 7 0 1

**Coast to Coast Financial Solutions**  
Name \_\_\_\_\_

101 Hodencamp Rd. Ste. 120  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Thousand Oaks CA 93160  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 5 1 4 1

**Financial Recoveries**  
Name \_\_\_\_\_

PO Box 1388  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Mt. Laurel NJ 08054  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 0 1 4 9

**Jefferson Capital Systems**  
Name \_\_\_\_\_

16 McLeland Road  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Saint Cloud MN 56303  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 4 1 5 7

**Portfolio Recovery**  
Name \_\_\_\_\_

PO Box 4115  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Concord CA 94524  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 8 0 9 7

**Real Time Resolutions**  
Name \_\_\_\_\_

PO Box 1259  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Oaks PA 19456  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 4 1 5 7

**Receivable Management Group**  
Name \_\_\_\_\_

PO Box 6070  
Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Columbus GA 31917  
City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 7 7 0 1

Debtor 1

Joseph P. Abbate

First Name Middle Name

Last Name

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

6. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

RMP, LLC

Name

PO Box 20508

Number Street

Indianapolis	IN	46220
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 1 2 4

Sunrise Credit Services, Inc.

Name

PO Box 9100

Number Street

Farmingdale	NY	11735
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 9 7 3

Name

Number Street

City	State	ZIP Code
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On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City	State	ZIP Code
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On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City	State	ZIP Code
------	-------	----------

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City	State	ZIP Code
------	-------	----------

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City	State	ZIP Code
------	-------	----------

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1

Jospeh P. Abbate

First Name Middle Name

Last Name

Case number (*if known*) \_\_\_\_\_**Part 4:****Add the Amounts for Each Type of Unsecured Claim**

- 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**  
**Add the amounts for each type of unsecured claim.**

<b>Total claim</b>		
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ _____ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00
6e. Total. Add lines 6a through 6d.	6e. \$ _____ 0.00	

<b>Total claim</b>		
Total claims from Part 2	6f. Student loans	6f. \$ _____ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 47,319.00
6j. Total. Add lines 6f through 6i.	6j. \$ _____ 47,319.00	

**Fill in this information to identify your case:**

Debtor Joseph P. Abbate  
First Name                    Middle Name                    Last Name

Debtor 2  
(Spouse if filing)                           
First Name                    Middle Name                    Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number  
(if known)                         

Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

**Person or company with whom you have the contract or lease**

**State what the contract or lease is for**

2.1

Name \_\_\_\_\_

Number      Street \_\_\_\_\_

City              State      ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_

Number      Street \_\_\_\_\_

City              State      ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_

Number      Street \_\_\_\_\_

City              State      ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_

Number      Street \_\_\_\_\_

City              State      ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_

Number      Street \_\_\_\_\_

City              State      ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate	
	First Name	Middle Name
Debtor 2	Last Name	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Middle District of Pennsylvania		
Case number (if known)		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Ramona Lee Abbate

Name  
110 Heather Circle

Number Street  
E. Stroudsburg PA 18301

City State ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City State ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City State ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Pennsylvania			
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

Official Form 106I

12/15

## Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed  
 Not employed

Debtor 2 or non-filing spouse

- Employed  
 Not employed

Occupation

Retired/Disabled

Self-employed

Employer's name

(No income at present)

Employer's address

Number Street

Number Street

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

City State ZIP Code

How long employed there?

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

\_\_\_\_\_

For Debtor 2 or non-filing spouse

\$ 0.00

3. Estimate and list monthly overtime pay.

3. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1 **Joseph P. Abbate**  
 First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>Copy line 4 here.....</b>	→ 4. \$ <u>0.00</u>	\$ <u>0.00</u>

**5. List all payroll deductions:**

<b>5a. Tax, Medicare, and Social Security deductions</b>	5a. \$ _____	\$ _____
<b>5b. Mandatory contributions for retirement plans</b>	5b. \$ _____	\$ _____
<b>5c. Voluntary contributions for retirement plans</b>	5c. \$ _____	\$ _____
<b>5d. Required repayments of retirement fund loans</b>	5d. \$ _____	\$ _____
<b>5e. Insurance</b>	5e. \$ _____	\$ _____
<b>5f. Domestic support obligations</b>	5f. \$ _____	\$ _____
<b>5g. Union dues</b>	5g. \$ _____	\$ _____
<b>5h. Other deductions. Specify: _____</b>	5h. + \$ _____	+ \$ _____

**6. Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.    6. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**7. Calculate total monthly take-home pay.** Subtract line 6 from line 4.    7. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**8. List all other income regularly received:**

**8a. Net income from rental property and from operating a business,  
profession, or farm**

Attach a statement for each property and business showing gross  
receipts, ordinary and necessary business expenses, and the total  
monthly net income.

8a. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**8b. Interest and dividends**

8b. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**8c. Family support payments that you, a non-filing spouse, or a dependent  
regularly receive**

Include alimony, spousal support, child support, maintenance, divorce  
settlement, and property settlement.

8c. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**8d. Unemployment compensation**

8d. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**8e. Social Security**

8e. \$ 2,039.00    \$ \_\_\_\_\_

**8f. Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance  
that you receive, such as food stamps (benefits under the Supplemental  
Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_    8f. \$ \_\_\_\_\_    \$ \_\_\_\_\_

**8g. Pension or retirement income**

8g. \$ 1,770.00    \$ \_\_\_\_\_

**8h. Other monthly income. Specify: State of NJ Injury Award**

8h. + \$ 2,863.80    + \$ \_\_\_\_\_

**9. Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ \_\_\_\_\_    \$ 0.00

**10. Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 6,672.80 + \$ 0.00 = \$ 6,672.80

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other  
friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$ 0.00

**12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. \$ 6,672.80

**Combined  
monthly income**

**13. Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Joseph P. Abbate</b>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: Middle District of Pennsylvania		
Case number (if known)		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Son (disabled)

Dependent's age

29

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

Your expenses  
4. \$ 2,024.00

4b. Property, homeowner's, or renter's insurance

4a. \$ 0.00  
4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00  
4d. \$ 8.00

4d. Homeowner's association or condominium dues

Debtor 1 **Joseph P. Abbate**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		<b>Your expenses</b>
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>	\$ <u>0.00</u>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	\$ <u>450.00</u>
6b.	Water, sewer, garbage collection	\$ <u>80.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>460.00</u>
6d.	Other. Specify: _____	\$ <u>0.00</u>
7.	<b>Food and housekeeping supplies</b>	\$ <u>850.00</u>
8.	<b>Childcare and children's education costs</b>	\$ <u>0.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	\$ <u>150.00</u>
10.	<b>Personal care products and services</b>	\$ <u>70.00</u>
11.	<b>Medical and dental expenses</b>	\$ <u>100.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>350.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ <u>150.00</u>
14.	<b>Charitable contributions and religious donations</b>	\$ <u>0.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ _____
15b.	Health insurance	\$ _____
15c.	Vehicle insurance	\$ <u>400.00</u>
15d.	Other insurance. Specify: _____	\$ _____
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ _____
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	\$ _____
17b.	Car payments for Vehicle 2	\$ _____
17c.	Other. Specify: <u>2 vehicles - combined in loan</u>	\$ <u>734.00</u>
17d.	Other. Specify: _____	\$ _____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	\$ _____
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ _____
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	\$ _____
20b.	Real estate taxes	\$ _____
20c.	Property, homeowner's, or renter's insurance	\$ _____
20d.	Maintenance, repair, and upkeep expenses	\$ _____
20e.	Homeowner's association or condominium dues	\$ _____

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

21. Other. Specify: Pet Food/Vet

21. +\$ 45.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 5,921.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 5,921.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 6,672.80

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 5,921.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 751.80

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Pennsylvania			
Case number	(If known)		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....		\$ 268,784.00
1b. Copy line 62, Total personal property, from Schedule A/B.....		\$ 71,138.00
1c. Copy line 63, Total of all property on Schedule A/B .....		<span style="border: 1px solid black; padding: 2px;">\$ 339,922.00</span>

#### Part 2: Summarize Your Liabilities

	Your liabilities	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D .....		\$ 631,327.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....		\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F .....		+ \$ 47,319.00
Your total liabilities		<span style="border: 1px solid black; padding: 2px;">\$ 678,646.00</span>

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I.....		\$ 6,672.80
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J .....		\$ 5,921.00

Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**

\$ 4,633.80

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. Total. Add lines 9a through 9f. \$ 0.00

**Fill in this information to identify your case:**

Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing)   First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number    
(If known)

Check if this is an amended filing

**Official Form 106Dec**

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
 Signature of Debtor 1

Signature of Debtor 2

Date 12-3-19  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: Middle District of Pennsylvania		
Case number (if known)		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

<b>Debtor 1</b>	<b>Debtor 2</b>
<b>Sources of income Check all that apply.</b>	<b>Gross Income (before deductions and exclusions)</b>
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ <input type="text" value="0.00"/>
<input type="checkbox"/> Operating a business	

**For last calendar year:**

(January 1 to December 31, 2018 YYYY)

<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ <input type="text" value="0.00"/>
<input type="checkbox"/> Operating a business	

**For the calendar year before that:**

(January 1 to December 31, 2017 YYYY)

<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ <input type="text" value="0.00"/>
<input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

<b>Debtor 1</b>	<b>Debtor 2</b>
<b>Sources of income Describe below.</b>	<b>Gross Income from each source (before deductions and exclusions)</b>

<u>SS</u>	\$ <input type="text" value="22,429.00"/>	\$ <input type="text"/>
<u>Pension</u>	\$ <input type="text" value="19,470.00"/>	\$ <input type="text"/>
<u>NJ Injury Award</u>	\$ <input type="text" value="31,501.00"/>	\$ <input type="text"/>

**For last calendar year:**

(January 1 to December 31, 2018 YYYY)

<u>SS</u>	\$ <input type="text" value="26,076.00"/>	\$ <input type="text"/>
<u>Pension</u>	\$ <input type="text" value="21,240.00"/>	\$ <input type="text"/>
<u>Injury Award</u>	\$ <input type="text" value="34,365.00"/>	\$ <input type="text"/>

**For the calendar year before that:**

(January 1 to December 31, 2017 YYYY)

<u>SS</u>	\$ <input type="text" value="25,572.00"/>	\$ <input type="text"/>
<u>Pension</u>	\$ <input type="text" value="21,240.00"/>	\$ <input type="text"/>
<u>Injury Award</u>	\$ <input type="text" value="34,365.00"/>	\$ <input type="text"/>

**Debtor 1** Joseph P. Abbate  
First Name Middle Name Last Name

**Case number (if known)** \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

**During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?**

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

**During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?**

- No. Go to line 7

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for...</b>
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City      State      ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City      State      ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City      State      ZIP Code	_____	_____	_____	

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Fannie Mae v Joseph P. &amp; Ramona Lee Abbate</u>	Mortgage Foreclosure / Sheriff's Sale	Court of Common Pleas
Case number <u>2018-03004</u>	Number Street <u>Stroudsburg PA 18360</u>	Court Name <u>Monroe County</u> City State ZIP Code
Case title _____	Number Street _____	Court Name _____ <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	City _____	State _____ ZIP Code _____ <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number Street _____	Explain what happened	
_____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City _____ State _____ ZIP Code _____	Describe the property	Date
Creditor's Name _____	_____	\$ _____
Number Street _____	Explain what happened	
_____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City _____ State _____ ZIP Code _____	Describe the property	Date

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number	Street		\$ _____
City	State ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No  
 Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts Value

Person to Whom You Gave the Gift

\_\_\_\_\_ \$ \_\_\_\_\_

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City	State	ZIP Code	

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
			\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Philip W. Stock, Esquire 706 Monroe Street Number Street	Attorney Fee: 500.00 Filing Fee: 310.00 In Plan: 3,500.00	11/20/2019	\$ 810.00

Stroudsburg PA 18360  
City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1 **Joseph P. Abbate**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
			_____	\$ _____
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**  
 Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
			_____	\$ _____
City State ZIP Code				

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		_____	_____
Number Street		_____	_____
		_____	_____
City State ZIP Code			
Person's relationship to you		_____	_____
Person Who Received Transfer		_____	_____
Number Street		_____	_____
		_____	_____
City State ZIP Code			
Person's relationship to you		_____	_____

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street	_____			
City State ZIP Code	_____			
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street	_____			
City State ZIP Code	_____			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____		
City State ZIP Code	City State ZIP Code _____		

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- No  
 Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State ZIP Code	

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City	State ZIP Code	

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

Debtor 1 **Joseph P. Abbate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**26. Have you notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	_____
City	State ZIP Code	_____
City	State ZIP Code	_____

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Number Street	City State ZIP Code	_____
Case number	City State ZIP Code	_____

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Business Name	_____
Number Street	EIN: _____
City State ZIP Code	Dates business existed
From _____ To _____	_____
Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Business Name	_____
Number Street	EIN: _____
City State ZIP Code	Dates business existed
From _____ To _____	_____

Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Business Name		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		Name of accountant or bookkeeper	EIN: _____ Dates business existed
City	State ZIP Code	From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

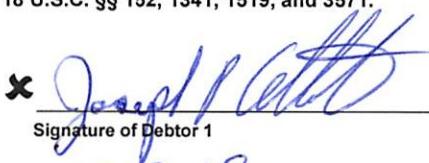
Yes. Fill in the details below.

Date issued

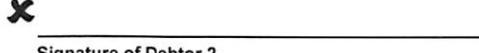
Name \_\_\_\_\_ MM / DD / YYYY  
Number Street  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
 Signature of Debtor 1

Date: 12-3-19

  
 Signature of Debtor 2

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Joseph P. Abbate	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Middle District of Pennsylvania		
Case number (if known) _____		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years.
4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from a business, profession, or farm	\$ _____	\$ 0.00 <span style="float: right;">Copy here →</span>
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from rental or other real property	\$ _____	\$ 0.00 <span style="float: right;">Copy here →</span>

**Debtor 1** **Joseph P. Abbate**

**Case number (if known)** \_\_\_\_\_

	<i><b>Column A</b></i> <b>Debtor 1</b>	<i><b>Column B</b></i> <b>Debtor 2 or non-filing spouse</b>
<b>7. Interest, dividends, and royalties</b>	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>8. Unemployment compensation</b>	\$ <u>0.00</u>	\$ <u>0.00</u>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....		
For you.....	\$ <u>                </u>	
For your spouse.....	\$ <u>                </u>	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>1,770.00</u>	\$ <u>0.00</u>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
<u>NJ State Injury Fund</u>	\$ <u>2,863.80</u>	\$ <u>0.00</u>
_____	\$ <u>                </u>	\$ <u>                </u>
Total amounts from separate pages, if any.	+ \$ <u>                </u>	+ \$ <u>                </u>
<b>11. Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>4,633.80</u>	+ \$ <u>0.00</u> = \$ <u>4,633.80</u>
	Total average monthly income	

## **Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11: ..... **4,633.80**

- 13. Calculate the marital adjustment. Check one:**

You are not married. Fill in 0 below.

You are married and your spouse is filing with you. Fill in Q below.

You are married and your spouse is filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

**Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.**

If this adjustment does not apply, enter 0 below.

---

Total..... \$ \_\_\_\_\_  
+ \$ \_\_\_\_\_  
\$ 0.00 **Copy here ➔** — 0.00

- 14. Your current monthly income.** Subtract the total in line 13 from line 12.

\$ 4,633.80

- 15. Calculate your current monthly income for the year. Follow these steps:**

16a. Copy line 14 here ➔..... \$ 4,633.80

Multiply line 15a by 12 (the number of months in a year).  $\times 12$

- 15b. The result is your current monthly income for the year for this part of the form. .... \$ 33,000.00

Debtor 1 Joseph P. Abbate  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. PA

16b. Fill in the number of people in your household. 3

16c. Fill in the median family income for your state and size of household. \$ 82,375.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income (Official Form 122C-2).*

17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 4,633.80

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$ 0.00

19b. Subtract line 19a from line 18. \$ 4,633.80

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 4,633.80

Multiply by 12 (the number of months in a year).

x 12

\$ 55,605.60

20b. The result is your current monthly income for the year for this part of the form. \$ 55,605.60

20c. Copy the median family income for your state and size of household from line 16c. \$ 82,375.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

  
Signature of Debtor 1



Signature of Debtor 2

Date 12-3-19  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

United States Bankruptcy Court  
MIDDLE DISTRICT OF PENNSYLVANIA

In re:

Joseph P. Abbate,

Case No. \_\_\_\_\_

Debtor

Chapter 13 \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 4,000.00

Prior to the filing of this statement I have received ..... \$ 500.00

Balance Due ..... \$ 3,500.00

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

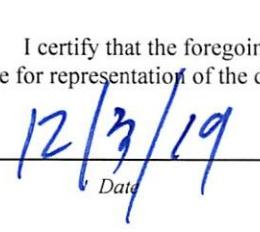
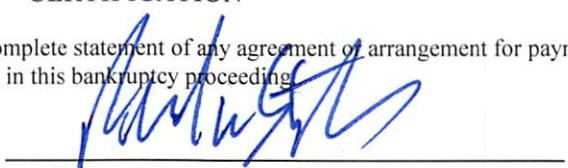
I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Amendments, Continuances, Motions for Relief, Lien Avoidances or Adversary Proceedings.**

<b>CERTIFICATION</b>	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding	
 12/3/19 <i>Date</i>	 <i>Signature of Attorney</i>
<b>The Law Office of Philip W. Stock</b>	
<i>Name of law firm</i>	

**Americollect**  
PO Box 1690  
Manitowoc, WI 54221

**Capital One**  
1680 Capital One Drive  
McLean, VA 22102

**Capital One Bank USA N.A.**  
PO Box 71083  
Charlotte, NC 28272

**Coast to Coast Financial Solutions**  
101 Hodencamp Rd. Ste. 120  
Thousand Oaks, CA 91360

**County Waste of PA**  
PO Box 8010  
Clifton Park, NY 12065

**Crescent Bank**  
PO Box 60048  
New Orleans, LA 70160

**Financial Recoveries**  
PO Box 1388  
Mt. Laurel, NJ 08054

**First Premier Bank**  
601 S. Minnesota Ave.  
Sioux Falls, SD 57104

**Highmark**  
PO Box 535049  
Pittsburgh, PA 15253

**Jefferson Capital Systems**  
16 McLeland Road  
Saint Cloud, MN 56303

**Joseph P. Abbate**  
110 Heather Circle  
E. Stroudsburg, PA 18301

**Lehigh Valley Health Network**  
PO Box 781733  
Philadelphia, PA 19178

**Lendmark Financial**  
106 Plaza 611 Ln. Ste. 103  
Stroudsburg, PA 18360

**Martha Von Rosenstiel, P.C.**  
**Martha Von Rosenstiel, Esquire**  
649 South Ave. Ste. 7  
Secane, PA 19018

**Mr. Cooper**  
PO Box 60516  
City of Industry, CA 91716

**Northeast Eye Specialists**  
1060 North Church Street  
Hazleton, PA 18202

**Paypal, Inc.**  
Convergent Outsourcing  
PO Box 9004  
Renton, WA 98057

**Philip W. Stock, Esquire**  
706 Monroe Street  
Stroudsburg, PA 18360

**PNC Bank**  
300 Fifth Ave.  
The Tower at PNC Plaza  
Pittsburgh, PA 15222

**Portfolio Recovery**  
PO Box 4115  
Concord, CA 94524

**Professional Anesthesia**  
PO Box 1587  
Kingston, PA 18704

**Progressive Physician Associates**  
PO Box 678398  
Dallas, TX 75267

**Ramona Lee Abbate**  
110 Heather Circle  
E. Stroudsburg, PA 18301

**Real Time Resolutions**  
PO Box 1259  
Oaks, PA 19456

**Receivable Management Group**  
PO Box 6070  
Columbus, GA 31917

**RMP, LLC**  
PO Box 20508  
Indianapolis, IN 46220

**Sprint**  
PO Box 629023  
El Dorado Hills, CA 95762

**SLUHN**  
PO Box 788187  
Philadelphia, PA 19178

**SLUHN Emerg. Physicians Monroe**  
100 St. Luke's Ln.  
Stroudsburg, PA 18360

**St. Luke's Emerg. Physician Spec.**  
PO Box 5386  
Bethlehem, PA 18015

**St. Luke's Monroe Campus**  
100 St. Luke's Ln.  
Stroudsburg, PA 18360

**Sunrise Credit Services, Inc.**  
PO Box 9100  
Farmingdale, NY 11735

**Thomas R. Wilkins Equity Trust**  
7164 Route 209  
Stroudsburg, PA 18360

**Wilkes-Barre General Hospital**  
PO Box 637907  
Cincinnati, OH 45263

**Woodlands-Cranberry Comm.**  
c/o NEPA Management Assoc.  
7164 Route 209  
Stroudsburg, PA 18360

UNITED STATES BANKRUPTCY COURT  
Middle District of Pennsylvania

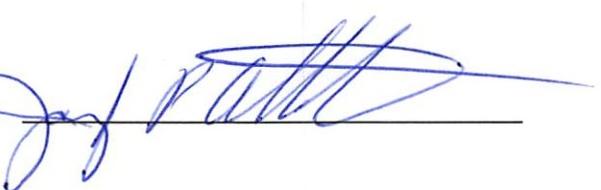
In re: Joseph P. Abbate,  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) do hereby certify under penalty of perjury that the attached Creditor Matrix is complete, correct and consistent with the Debtor's Schedules pursuant to Local Bankruptcy Rules and I/We assume all responsibility for errors and omissions.

Dated: 12-3-19

Signed: 

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_